

## **Nationwide Retirement Solutions**

Participant Coronavirus Self-Certification for Loan Initiation Fee Waiver

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This form is to be used by Participants who meet the Coronavirus Aid, Relief, and Economic Security (CARES) Act certification requirements below to request a loan initiation fee waiver for loans initiated between March 27, 2020 and September 23, 2020.

| Participant Information   |   |  |
|---|---|--|
| Name:   | SSN or Account Number:  |  |
| Phone <sup>1</sup> :  | Email:  |  |
| How would you like to be contact                                      | ed if additional infor  | mation is required? 🗌 Phone 🔲 Email  |
|   |   | to our Members. By providing your telephone number, you authorize the ne using automated technology to assist you with your account. |
| Participant Coronavirus Ce  | rtification   |  |
| By signing this form, I certify that Act Section 2202(a)(4)(A) summer |   | of the qualifications for a distribution as defined under the CARES  |
| by the Centers for Disease C<br>2. I have a spouse or depender        | ontrol and Preventic<br>ats diagnosed with s<br>inancial consequence<br>aghed or laid off<br>urs<br>e to lack of child care | uch virus or disease by such a test; or<br>ses stemming from such virus or disease as a result of:                                   |
| Signature (required):NOTE: Adok                                       | e Signature is not p  | ermitted.  |
| NOTE: The full text of the CARES                                      | Act can be found a  | t https://www.congress.gov/bill/116th-congress/house-bill/748/text   |
| Form Return   |   |  |
| By mail: Nationwide Retirement S<br>PO Box 182797                     | olutions  | By email: rpublic@nationwide.com   |

By fax: 877-677-4329

Columbus, OH 43218-2797